

## HEALTH DEPARTMENT

## PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System



Permit No. \_\_\_\_\_ Date of Application 7-25-46

To Whom Issued \_\_\_\_\_

Address 10 1st - 1st

Location \_\_\_\_\_

Type of Tank \_\_\_\_\_

Minimum Size \_\_\_\_\_

Minimum Feet of 4" Farm Tile in \_\_\_\_\_

Distribution Field \_\_\_\_\_

Depth in Inches of Cinders or Stone 6 in

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Final Approval. \_\_\_\_\_ Date 4-9-46

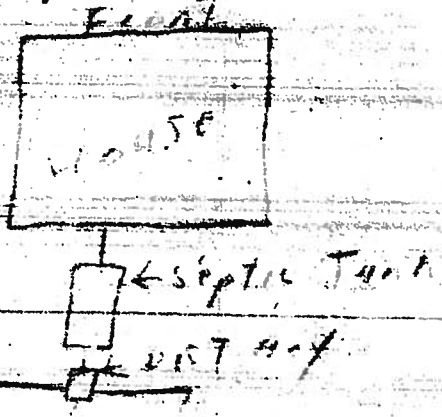
Signed \_\_\_\_\_

NOTE: Plumber must notify the Health Department (Phone \_\_\_\_\_) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

## HEALTH DEPARTMENT

## PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

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Permit No. \_\_\_\_\_ Date of Application \_\_\_\_\_

To Whom Issued \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_

Type of Tank \_\_\_\_\_

Minimum Size \_\_\_\_\_

Minimum Feet of 4" Farm Tile in \_\_\_\_\_

Distribution Field \_\_\_\_\_

Depth in Inches of Cinders or Stone \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Final Approval. \_\_\_\_\_ Date 9-18-47

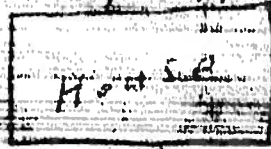
Signed \_\_\_\_\_

NOTE: Plumber must notify the Health Department (Phone \_\_\_\_\_) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

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Permit No. \_\_\_\_\_ Date of Application \_\_\_\_\_

To Whom Issued \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_

Type of Tank \_\_\_\_\_

Minimum Size \_\_\_\_\_

Minimum Feet of 4" Farm Tile in \_\_\_\_\_

Distribution Field \_\_\_\_\_

Depth in Inches of Cinders or Stone \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Final Approval. \_\_\_\_\_ Date 4-3-47

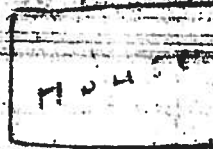
Signed \_\_\_\_\_

NOTE: Plumber must notify the Health Department (Phone \_\_\_\_\_) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

## HEALTH DEPARTMENT

## PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System



Permit No. \_\_\_\_\_ Date of Application \_\_\_\_\_

To Whom Issued \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_

Type of Tank \_\_\_\_\_

Minimum Size \_\_\_\_\_

Minimum Feet of 4" Farm Tile in \_\_\_\_\_

Distribution Field \_\_\_\_\_

Depth in Inches of Cinders or Stone \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Final Approval. \_\_\_\_\_ Date 4-3-47

Signed \_\_\_\_\_

NOTE: Plumber must notify the Health Department (Phone \_\_\_\_\_) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

# PERMIT TO INSTALL OR REPAIR WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Date 3-10-59 Case No. 408

Owner [Redacted] Address [Redacted] (Mailing Address) Phone [Redacted]

Occupant [Redacted] Address [Redacted] (Mailing Address) Phone [Redacted]

Exact Location of Premises Lot 4 BKE, Potlanc - Ranch Acres  
 (Subdivision - Section - Lot No.) (Street, Road, Name or Number)

OWNER DESIRES TO: ☒ INSTALL ☐ REPAIR  
☐ Water Supply System ☐ Water Supply System  
☒ Sewage Disposal System ☐ Sewage Disposal System  
☒ Septic Tank ☐ Septic Tank

Health Department Recommends: \_\_\_\_\_

**FOR:**

☒ Dwelling ☐ Other \_\_\_\_\_  
 Actual or Potential Bedrooms 3 Actual or Estimated Water Consumption \_\_\_\_\_ Gal. Per Day Automatic Washing Machine ☒ Yes ☐ No Garbage Disposal Unit ☐ Yes No. ☒ Additional Wastes: \_\_\_\_\_

## DETAILS OF RECOMMENDED SYSTEMS

WATER SUPPLY: Location to be approved by Sanitarian. Type:  
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well  
☐ Other Public Cased \_\_\_\_\_ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

SOIL STUDY: Naturally drained, suitable by sight ☒ Yes ☐ No

Technical Classification: \_\_\_\_\_  
 Rough Classification: ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe Clay

Percolation Test Required: ☐ Yes ☒ No Rate \_\_\_\_\_  
 Minutes Per Inch Depth of Water Table \_\_\_\_\_ feet

(Estimated)

Surface Drainage Required: ☐ Yes ☒ No Area Drainage by Lowering Ground Water Table Required: ☐ Yes ☒ No

Rough Sketch of Premises including adjacent properties if pertinent, showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another

4 lines 50' long 3' wide  
 Washer System:  
 1/2 500 gal tank  
 34' of 3' ditch

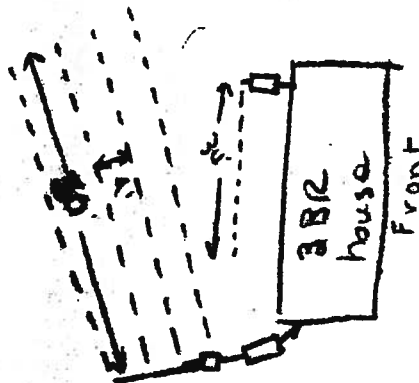
DETAILS OF CONSTRUCTION: Watertight Septic Tank of Concrete  
 (Kind of Material)

Inside dimensions:  
 Length 7 feet. Width 3 1/2 feet. Liquid capacity 720 Gallons.  
 HOUSE SEWER LINE: Size 4 Inches. Type of material required Cotton Distance from Water Supply \_\_\_\_\_ feet.

SUB-SURFACE ABSORPTION FIELD: Distribution Box required. Ditches of equal length required.

Number of square feet required 700 Type aggregate required: ☐ Broken Stone ☒ Gravel ☐ Slag. Size range from 1/2 inch to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more. Soil Cover over tile not to exceed 24 inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be \_\_\_\_\_ feet.



Note: Owner or his agent must notify \_\_\_\_\_ Health Department, Phone \_\_\_\_\_ when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date 3-10-59 Signed [Signature]  
 (Sanitarian or Health Director)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 (Reviewing Authority)

# **PERMIT TO INSTALL OR REPAIR WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS**

Date **8-27-59** Case No. **116**

Owner **Carnes & Wallace** Address \_\_\_\_\_ (Mailing Address) \_\_\_\_\_ Phone \_\_\_\_\_

Occupant \_\_\_\_\_ Address \_\_\_\_\_ (Mailing Address) \_\_\_\_\_ Phone \_\_\_\_\_

Exact Location of Premises **4 apartment unit - Ranch area**  
(Subdivision - Section - Lot No.) \_\_\_\_\_ (Street, Road, Name or Number) \_\_\_\_\_

OWNER DESIRES TO: ☒ INSTALL ☐ REPAIR  
☒ Water Supply System ☐ Water Supply System  
☒ Sewage Disposal System ☐ Sewage Disposal System  
☒ Septic Tank ☐ Septic Tank

Health Department Recommends: \_\_\_\_\_

FOR: **Apartment Unit 4 apts.**  
☒ Dwelling ☐ Other  
 Actual or Potential Bedrooms **8** Actual or Estimated Water Consumption \_\_\_\_\_ Gal. Per Day Automatic Washing Machine ☐ Yes ☒ No Garbage Disposal Unit ☐ Yes ☒ No Additional Wastes: \_\_\_\_\_

## **DETAILS OF RECOMMENDED SYSTEMS**

WATER SUPPLY: Location to be approved by Sanitarian. Type: ☒ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well ☐ Other **Public** Cased \_\_\_\_\_ feet.

Casing to be properly sealed and cemented, if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to run away from water supply. Well to have a platform of concrete or other impervious material at least 6 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

SOIL STUDY: Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification: \_\_\_\_\_

Rough Classification: ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe Clay Penetration Test (Pneumatics) \_\_\_\_\_ Yes ☒ No Rate \_\_\_\_\_

Minutes Per Inch Depth of Water Table \_\_\_\_\_ (Estimated) \_\_\_\_\_ feet

Surface Drainage Required: ☐ Yes ☒ No Area Drainage by Leaking Ground Water Table Required: ☐ Yes ☒ No

DETAILS OF CONSTRUCTION: Watertight Septic Tank of **2 tanks - concrete** (Kind of Material) \_\_\_\_\_

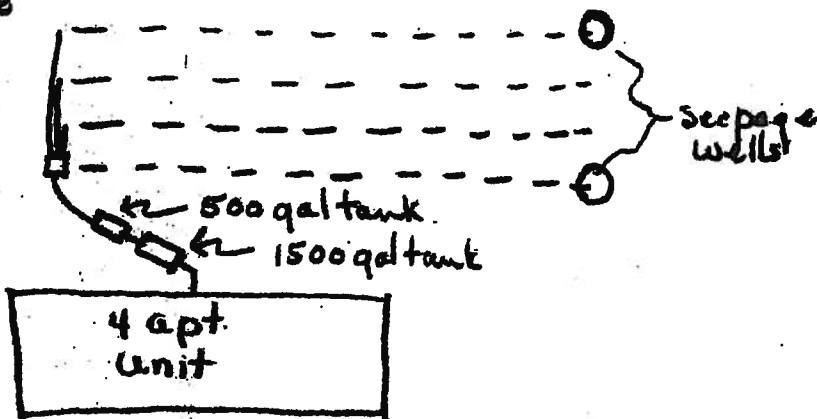
Inside dimensions: Length **12** feet Width **7** feet Liquid capacity **1500** Gallons HOUSE SEWER LINE: Size **4** inches Type of material required **Cast Iron** Distance from Water Supply \_\_\_\_\_ feet.

SUB-SURFACE ABSORPTION FIELD: Distribution \_\_\_\_\_ equal length required \_\_\_\_\_ Type aggregate required: ☐ Broken Stone ☒ Gravel ☐ Slag Size range from **1/2** inch to **2 1/2** inches. Depth of aggregate from base of tile to bottom of ditches **6** inches.

Total aggregate must extend minimum depth **18** inches or more. Soil Cover over tile not to exceed **18** inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be \_\_\_\_\_ feet.

Rough Sketch of Premises, including adjacent properties if pertinent, showing location of lot line, buildings, water supplies, sewage disposal systems, trees, and other possible sources of contamination of water supplies, by indicating distances and slope with regard to one another.

**4 lines 83' long 3' wide**



*Already Inspected  
8-27-59*

Note: Owner or his agent must notify \_\_\_\_\_ Health Department, Phone **SH 82211** when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date **8-27-59** Signed \_\_\_\_\_

(Sanitarian or Health Director)

Date \_\_\_\_\_ Signed \_\_\_\_\_

(Reviewing Authority)

**PERMIT TO INSTALL OR REPAIR  
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS  
(VOID AFTER TWELVE (12) MONTHS)**

Date 8-15-65 Case No. \_\_\_\_\_

Address 3633 Waverly Ave Phone 3339094  
(Mailing Address)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises 7-C-A Cherryville Ave Amber 14713  
(Subdivision, Street or Road Name, Section or Lot No.)

**OWNER DESIRES TO**

☒ **INSTALL**

☐ Water Supply System

☐ Sewage Disposal System

☒ Septic Tank

☐ **REPAIR**

☐ Water Supply System

☐ Sewage Disposal System

☐ Septic Tank

**FOR**

☒ Dwelling ☐ Other \_\_\_\_\_

Actual or potential Bedrooms 3 Actual or estimated Water

Consumption 402 gal. per day Automatic Washing Machine

☒ Yes ☐ No Garbage Disposal unit ☐ Yes ☒ No

Additional wastes None

Health Department recommends \_\_\_\_\_

**DETAILS OF RECOMMENDED SYSTEMS**

- (1) **WATER SUPPLY** Location to be approved by Sanitarian. Type  
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well  
☒ Other Public Cased \_\_\_\_\_ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

- (2) **SOIL STUDY** Naturally drained, suitable by sight ☒ Yes ☐ No  
Technical Classification Sandy Clay loam  
Rough Classification ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe  
Clay. Percolation Test required ☐ Yes ☒ No. Rate \_\_\_\_\_  
Minutes per inch. Depth of Water Table \_\_\_\_\_ feet  
(Estimated)

Surface drainage required ☐ Yes ☒ No Area Drainage  
by Lowering Ground Water Table required ☐ Yes ☒ No

- (3) **DETAILS OF CONSTRUCTION** Watertight Septic Tank of  
Concrete Inside Dimensions Length 8 feet.  
(Kind of Material)

Width 4 feet. Liquid Depth 4 feet. Depth of  
Air Space 1 feet. Liquid Capacity 957 gallons.

- (4) **HOUSE SEWER LINE** Size 4 inches. Type of material  
required C.T. Distance from Water Supply 20 feet.

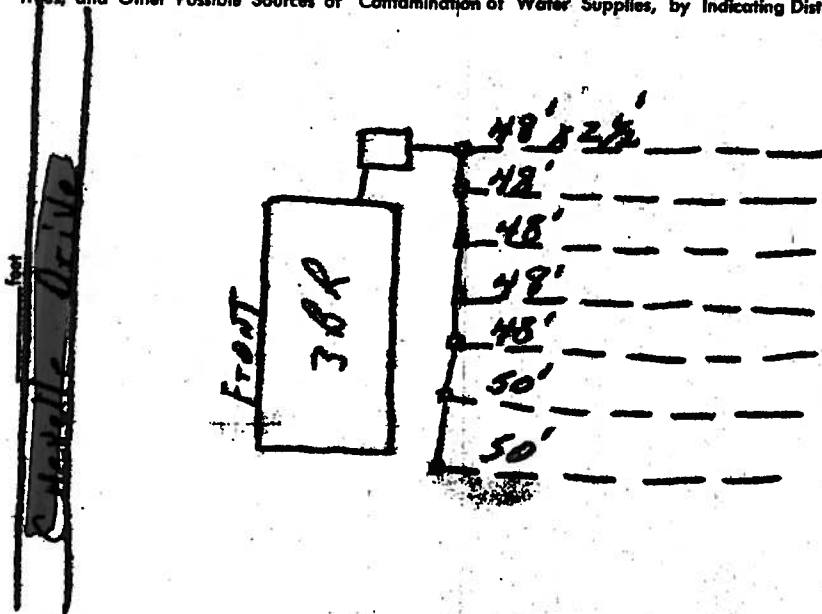
- (5) **SUBSURFACE ABSORPTION FIELD** Distribution Box required.  
Ditches of equal length required.

Number of square feet required 850 Type aggregate  
required ☐ Broken Stone ☒ Gravel ☐ Slag. Size range from  
 $\frac{1}{2}$  inches to  $2\frac{1}{2}$  inches. Depth of aggregate from base of tile  
to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed 12 inches. Distance from  
well to septic tank 44 feet; distance from well to  
drain tile field 44 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Note: Owner or his agent must notify \_\_\_\_\_ Health Department, Phone 3339094 when installation is ready for inspection. If any Sewage \_\_\_\_\_ is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. **CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN.** Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date \_\_\_\_\_ Approved \_\_\_\_\_  
LHS - 121 Rev. 1-65

Virginia State Department of Health

(Reviewing Authority)

Date 8-15-65 Signed \_\_\_\_\_

(Sanitarian or Health Director)



**PERMIT TO INSTALL OR REPAIR  
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS**

Owner [Redacted] Address [Redacted] Phone [Redacted]  
 (Mailing Address)  
 Occupant [Redacted] Address [Redacted] Phone [Redacted]  
 (Mailing Address)  
 Exact Location of Premises [Redacted]  
 (Subdivision, Street or Road Name, Section or Lot No.)

**OWNER DESIRES TO**

☒ **INSTALL**  
☐ Water Supply System  
☐ Sewage Disposal System  
☒ Septic Tank  
 Health Department recommends \_\_\_\_\_

**FOR**

☒ Dwelling ☐ Other \_\_\_\_\_  
 Actual or potential Bedrooms 3 Actual or estimated Water Consumption 700 gal. per day Automatic Washing Machine  
☒ Yes ☐ No Garbage Disposal unit ☐ Yes ☐ No ☐ Additional wastes None

**DETAILS OF RECOMMENDED SYSTEMS**

- (1) **WATER SUPPLY** Location to be approved by Sanitarian. Type  
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well  
☒ Other Public Cased \_\_\_\_\_ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

- (2) **SOIL STUDY** Naturally drained, suitable by sight ☐ Yes ☐ No  
 Technical Classification Well Drained  
 Rough Classification ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe Clay. Percolation Test required ☐ Yes ☒ No. Rate \_\_\_\_\_ Minutes per inch. Depth of Water Table \_\_\_\_\_ feet (Estimated)

Surface drainage required ☐ Yes ☒ No. Area Drainage by Lowering Ground Water Table required ☐ Yes ☒ No

- (3) **DETAILS OF CONSTRUCTION** Watertight Septic Tank of  
Concrete Inside Dimensions Length 7 feet.  
 (Kind of Material)

Width 2 feet. Liquid Depth 4 feet. Depth of Air Space \_\_\_\_\_ feet. Liquid Capacity \_\_\_\_\_ gallons.

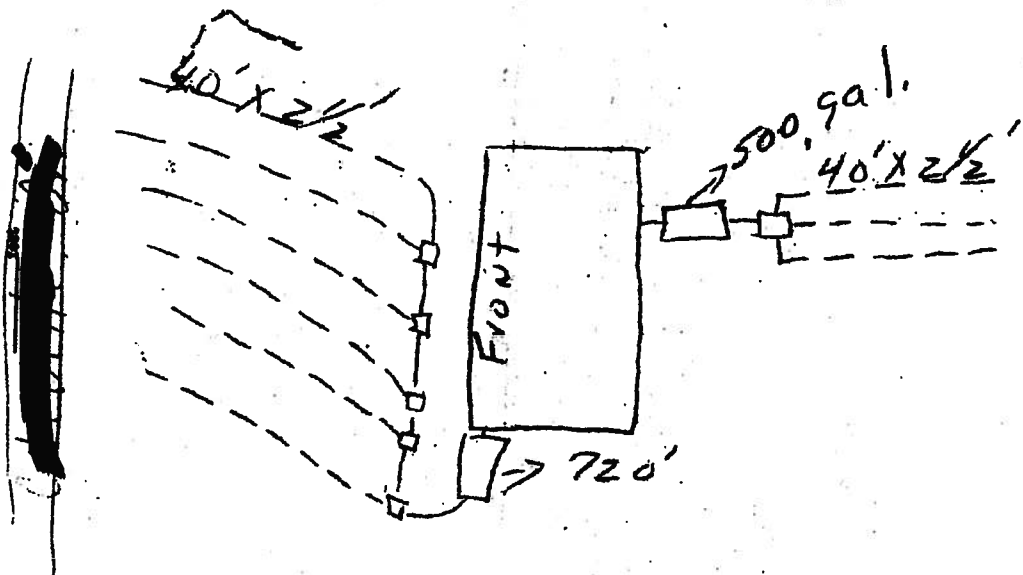
- (4) **HOUSE SEWER LINE** Size 4 inches. Type of material required C.I. Distance from Water Supply \_\_\_\_\_ feet.

- (5) **SUBSURFACE ABSORPTION FIELD** Distribution Box required. Ditches of equal length required. Number of square feet required 700 Type aggregate required ☐ Broken Stone ☒ Gravel ☐ Slag. Size range from  $\frac{1}{4}$  inches to  $2\frac{1}{4}$  inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 18 inches or more.

Soil Cover over tile not to exceed \_\_\_\_\_ inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be 20 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supply, by Indicating Distances and Slope with regard to one another.



Rear system:

3(40') Lines

500 gal. TANK

Front system:

6(40') Lines

720 gal. TANK

Note: Owner or his agent must notify \_\_\_\_\_ Health Department, Phone 143-2211 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date \_\_\_\_\_ Approved \_\_\_\_\_  
 LHS - 181 Rev. 11-57 (Reviewing Authority)  
 Virginia State Department of Health

Date \_\_\_\_\_  
 (Sanitarian or Health Director)

**Schematic dra**

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



← vicinity route

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

## Sanitarian

**Supervisory Sanitarian**

8/2003

**If FHA or VA financing**

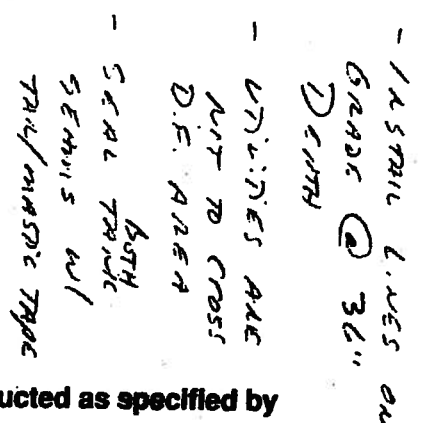
**Date** \_\_\_\_\_

## Regional Sanitarian

**FILE COPY**

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

2.



## Regional Sanitarian